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2819/4

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June 13, 2003

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 13, 2003.

Cathi H. Turner
Cathi H. Turner
Date of Signature June 13, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Re: U.S. Patent Application Serial No. 10/052,652 for
CIRCUIT FOR GENERATING AN ASYNCHRONOUS SIGNAL
PULSE
Our File No. 1406/36

Sir:

Please find enclosed in connection with the subject U.S. patent application the following documents:

1. An Amendment Transmittal Form (2 pages);
2. An Amendment B (12 pages);
3. A Petition for Extension of Time Under 37 C.F.R. 1.136(a) (2 pages); and
4. A return-receipt postcard to be returned to us with the U.S. Patent and Trademark Office filing stamp thereon.

TECHNOLOGY CENTER 2800

JUN 20 2003

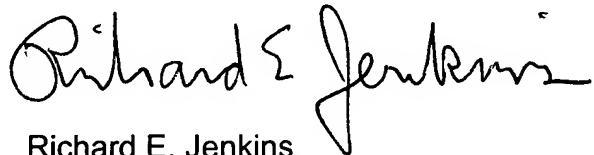
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Commissioner for Patents
June 13, 2003
Page 2

The Commissioner is hereby authorized to charge any fees associated with the filing of this correspondence to Deposit Account Number 50-0426.

Respectfully submitted,

JENKINS, WILSON & TAYLOR, P.A.



Richard E. Jenkins
Registration No. 28,428

1406/36

REJ/cht

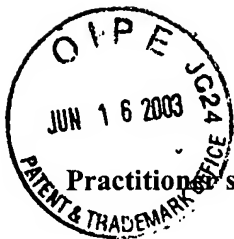
Enclosures

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Patent Trademark Office



Practitioner's Docket No. 1406/36

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT

In re application of: Ronalf Kramer

Application No.: 10/052,652

Group No.: 2819

Filed: January 18, 2002

Examiner: Tan, Vibol

For: CIRCUIT FOR GENERATING AN ASYNCHRONOUS SIGNAL PULSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$110.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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■ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

☒ with sufficient postage as first class mail.

37 C.F.R. § 1.10*

☐ as "Express Mail Post Office to Addressee"

Mailing Label No. _____ (mandatory)

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) _____

Signature

Date:

6/13/03

Cathi H. Turner

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) | (Col. 2) | (Col. 3) | OTHER THAN A SMALL ENTITY | | | | |
|---|---|---------------------------------------|------------------|---------------------------|----------|---------------|----|------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | | ADDIT. FEE | | |
| TOTAL | 14 | — 20 | = 0 | x | \$ 18.00 | = \$ | | 0.00 |
| INDEP. | 3 | — 3 | = 0 | x | \$ 84.00 | = \$ | | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + | \$ 0.00 | = \$ | | 0.00 |
| TOTAL | | | | | | | | |
| ADDIT. FEE | | | | | | | \$ | 0.00 |

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$110.00 to Deposit Account No. 50-0426.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

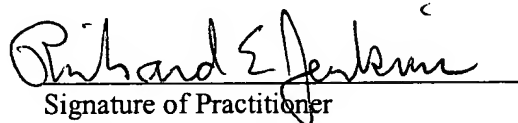
6. An additional extension and/or fee is required, charge Account No. 50-0426.

• An additional fee for claims is required, charge Account No. 50-0426.

Date:

6-13-03

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Signature of Practitioner

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